SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- port to the inont to the ort at the

7. By the lodgement of this report to the insurers, you hereby conse aforesaid.	nt to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	01/08/2018 16:16
Date Of Accident	31/07/2018 15:05
Exact Location Of Accident	ALONG JALAN SULTAN
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLH2994J
Insured/Policyholder	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-31584255
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA ALTIS-1.6 CLASSIC (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999995145
Cover Note Number	
Driver	
Name of Driver	TAN WENG WAH
NRIC No	S0007529I
Date Of Birth	18/03/1953

OUTDOOR

12/11/1971

46 YEARS AND 8 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-92394128

Fax Number

Contact Number

EMail Address NOEMAIL

Address 249 JALAN BOON LAY

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident SIDE SWIPE **Weather Conditions CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

1

YES

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes.Please state which Police Station

Police Station Address ROAD: 1 DUKE ROAD, POSTCODE: 268914, COUNTRY: SINGAPORE

BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE

TEL NO: 1800-4629999 - FAX NO: 64628933 **Police Station Contact**

Was notice of intended Prosecution given? NO

If Yes, against whom?

Police Station Name

Circumstances of Accident

REFER TO POLICE REPORT

Attachment(s)

Are accident photos available for attachment? YES YES Was there any video captured by Car Camera?

Remarks/ Reasons: UNKNOWN

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number **EP998C**

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE HIRE Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
- 7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed, by my insurer (collectively the "Personal Information") and disclose and transfer such Personal information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured webscle(s) involved in this accident shall be collectively referred to as the "insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) Investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal information for one or more of the above Purposes; and
- my Personal information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- my Personal information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed;
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

5

Driver's Signatus (If driver is not the

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

	NORTH BE	21766 6	2000	,自风	
SKETCH PLAN	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- Date &	2004		1.
		STAT	JARY J	3 0	ening
SCRIBE CIRCUMSTANCE				TAN	
Rober	to Police Re	m] '
			4.		
		•			
			1 -		
ARATION					
1	rulars are true in every respect	Ä	(2)		
holder's Signature		2			-
Time:	Driver's Signature (If driver is not the polic	yholder)	Reporting Centhe Re Name:	O 1	



T/20180801/2064

1. of 3 Report No. T/20180801/2064

SACHAGE ERRORS STAKEN

GUBBLES DUST THE SET

Police Station Of Origin: Bukit Timah N.P.C 1 Duke's Road SINGAPORE 268914

Tel No: 1800-4629999

PEPORT	OF	Δ	TRAFFIC	ACCIDENT

REPORT OF A TRAFFIC ACCIDENT		The state of the s
Date/Time Report Made:	Vide Report No.:	Station Diary No.:
04/08/2018 13:55	그는 그 아이를 가지 않는데 생각이 있다. 그 없는 그 없는 사람이 되었다.	64

01/08/2018 13:55				64	
Informa	nt's Particu	ılars			
Name of Informant: TAN WENG WAH			Address: APT BLK 120B RIVERV 542120	ALE DRIVE #05-390 SINGAPORE	
ID Type / ID No.: NRIC NO / S0007529I			Contact No.: Home/Office:	Mobile: 96331363	
National	ity: ORE CITIZ	EN	Email:		
Sex: Age: Date of Birth: Male 65 18/03/1953 Race: Chinese		Type of Informant: Driver	100 march 1 100 ma		
		Language: English	Institution / School Name:		
Occupat	ion:	atus i pasaria	Driving Licence Informat Class: 3	ion: Date of Expiry:	

General Inform	ation of the Accide	ent		The state of the s
Type of Accident:	Non-Injury	Drink	Accident	Type of Location Straight Road
Location: Along Road 1	aga est jener 180 de	as also that exist other other	Car beggins and	acoud set ybasanan block
JALAN SULTA	Non-state around to	en e	e magnesio como estre La triccia triccia del Visa	cases, for the algebra one case by cases see
Heading toward Weather:	N ds North Bridge Roa	Road Surface:	is triggs incre with the consense bass interes.	Road Speed Limit:
Heading toward Weather:	Non-state around to	Road Surface:	is triggs incre with the consense bass interes.	cases, for the algebra one case by cases see

Details of V	on technological delications	Make	Model	Color	Condition	No of Passenge
Vehicle No.	Type	Wanc	Wiodo			0
EP998C	Car					U
SLH2994J	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Bukit Timah N.P.C 1 Duke's Road SINGAPORE 268914 Tel No: 1800-4629999

2 of 3 Report No. T/20180801/2064

CONTINUATION OF REPORT

Driver					Real Section Control of the Control
Name	TAN WENG WAH		New Cold Color yas in Color	ID No.	S0007529I
Related Vehicle	SLH2994J (Car)	de la	110 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Contact No.	96331363
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Dis	charge NIL	1 100 2 1 100 2
No. of Days gran	ted Medical Leave	NIL		of Injury NIL	n Ne.M

Brief Details.

On 31/07/2018 at about 1505hrs, i was travelling on my rental car along Jln Sultan heading towards North Bridge Road. It is a one way road consisting of 3 lanes.

At about 1508hrs, I was on the extreme right lane (lane 1) behind 2 other vehicles waiting for the traffic light to turn Green. Vehicles in front of me where waiting to turn right, however I wanted to drive straight hence i decided to filter left to join the middle lane. As the lane was empty and after i checked the blind spot, I changed the lane. Half of my vehicle had already inched out when suddenly, a black colour Jaguar car (EP998C) filtered out to the right from extreme left lane (lane 3) to join the middle lane as a lorry was in stationary state with cones around it on lane 3.

Unfortunately the black car collided with mine onto the left side of my car body. My vehicle's left side front and back passenger doors had multiple scratches with dents & black marks, while the other vehicle had multiple scratch marks on its front right side bumper near the right front wheel. We decided to settle the damages via insurance claim and particulars were not exchanged.

No one was injured and no government property was damaged. I am unsure if there is any CCTV camera nearby the accident spot.





Report No. T/20180801/2064

Police Station Of Origin: Bukit Timah N.P.C 1 Duke's Road SINGAPORE 268914 Tel No: 1800-4629999

CONTINUATION OF REPORT

_			_	lan
-	ĸo	ren		ıan
•	ne			lanı

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: E / Sgt 2 SHAIK ABDUL RAUF BIN MOHAMED MUNEER	Signature Of Informant:	
Signature Of Interpreter: Not applicable	Date/Time: 01/08/2018 13:55	
Officer In Charge Of Case:	Classification Of Case:	
Staff Sgt WONG SIEU LUI SINGAPORE POLICE FORCE	SN 170	
Authentication Stamp NP168		









Accident Photo



